



Photography

Universidad Austral de Chile
Movilidad Estudiantil

**SHORT-TERM VISITING STUDENTS
REGISTRATION FORM**

APPLICANT INFORMATION					
Last name:		First names:			
Passport number:		Date of birth:	/ / DD/MM/YYYY		
Current address:				City:	
Country:		Nationality:			
Phone numbers:		E-mail:			
HOME UNIVERSITY STUDIES					
Home university:			Country:		Year and semester:
Academic program:			Level of studies:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Master <input type="checkbox"/> PhD	
Name of your coordinator:			Tutor from your home university:		
Telephone number and email:			Telephone number and email:		
SHORT-TERM VISIT AT UNIVERSIDAD AUSTRAL DE CHILE (UACH)					
Dates of your short-term visit:	From: / / (DD/MM/YYYY)	To: / / (DD/MM/YYYY)	Funding sources/scholarships:		
Professor/tutor at UACH:			Phone number and e-mail:		
Institute or Laboratory at UACH:			Faculty at UACH:		
Academic activities at UACH:					
INFORMATION					
Health insurance:	All short-term visiting students must have health insurance. This insurance must provide illness and accident expense protection.				
Sending the Application form:	Please send the application form to the following e-mail: movilidadestudiantil@uach.cl				
Student Mobility Office contact:	Marta Rojas – Student Mobility Office Coordinator Macarena Agüero - Exchange Student Advisor Telephone number: +56 632293665 / E-mail: movilidadestudiantil@uach.cl				
UACH Information:	www.uach.cl - UACH virtual tour: http://www.postgrado.uach.cl/UACH/Tour360.html				